



Number _____
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CITIZEN BOARD AND COMMISSION EXPRESSION OF INTEREST FORM

Please indicate with an 'X' as many as meet your interests:

- | | |
|--|---|
| <input type="checkbox"/> Accessibility Advisory Board | <input type="checkbox"/> Human Relations Commission |
| <input type="checkbox"/> Animal Control Advisory & Appeals Board | <input type="checkbox"/> Library Board |
| <input type="checkbox"/> Park and Recreation Advisory Board | <input type="checkbox"/> Salina Airport Authority |
| <input type="checkbox"/> Board of Zoning Appeals | <input type="checkbox"/> Salina Arts and Humanities Commission |
| <input type="checkbox"/> Building Advisory Board | <input type="checkbox"/> Salina Business Improvement District Advisory Board |
| <input type="checkbox"/> City Planning Commission | <input type="checkbox"/> Salina Business Improvement District Design Review Board |
| <input type="checkbox"/> Community Art & Design Advisory Committee | <input type="checkbox"/> Salina Economic Development Incentives Council |
| <input type="checkbox"/> Community Corrections Board | <input type="checkbox"/> Salina Tree Advisory Board |
| <input type="checkbox"/> Convention and Tourism Committee | <input type="checkbox"/> Solid Waste Management Committee |
| <input type="checkbox"/> Disciplinary Advisory Board | |
| <input type="checkbox"/> Heritage Commission | |
| <input type="checkbox"/> Housing Authority of the City of Salina | |

Special Instructions:

- 1) Please print in black ink or type, if possible. Please do not write on the back of this form; use another sheet of paper, if necessary.
- 2) Please return to: City of Salina, City Clerk's Office, Room 206, 300 W. Ash or Mail to P.O. Box 736, Salina, KS 67402-0736.

Please Note: All information provided by you on this form is subject to Kansas Open Public Record Statutes. As public information, it may be requested by news media representatives or discussed in public meetings.

Title Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Student ☐

Name _____ E-mail _____

Home Address _____

Number of years you have lived in Salina _____

Home Phone _____ Cell _____ Fax _____

Occupation _____ Employer _____

Business Address _____ Phone _____

Education (Highest school year, degrees, etc.) _____

Prior Appointment or Elected Offices held (if any) _____

Present and past community volunteer activities _____

Why would you like to serve? *Discuss specific interest, experience and qualifications that would make you an effective member.*

Date _____ Signature _____

This interest form will be kept on file for two (2) years.

(Rev. 7/14)